

Trichomoniasis Infection and Verified Trichomoniasis Infection Contacts Treatment

Preliminary Standing Order Template

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order to create a customized standing order exclusively for your agency.

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain Medical Director's signature.

Standing order must include the effective start date and the expiration date.

Background

General expectation for physical assessment of all clients seen in a STI clinic

It is expected that all clients presenting with symptoms of any STI receive a physical examination and appropriate STI testing. It is strongly recommended that all asymptomatic clients and verified contacts to a STI receive a physical examination and appropriate STI testing.

Assessment

Subjective Findings*

Clients may present with the following history:

- Asymptomatic
- Symptomatic
 - Females
 - itching, burning, redness or soreness of the genitals
 - discomfort with urination
 - thin discharge with malodorous smell that can be clear, white, yellowish, or greenish in color
 - Males
 - itching or irritation inside the penis
 - burning after urination or ejaculation
 - discharge from the penis

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

Objective Findings

Clinical documentation of at least one of the following:

1. identification of flagellated protozoan consistent with *T. vaginalis* on microscopic examination of a wet prep of vaginal discharge, or
2. identification of *T. vaginalis* by culture or NAAT (only treat *Trichomonas* found in urine, urethral or vaginal NAAT specimens; do not treat *Trichomonas* found in only pharyngeal or rectal NAAT specimens)

Verified Criteria for Contacts

For an **asymptomatic** male or female client with exposure to *Trichomonas*, the STD ERRN or RN must assess, document and verify at least one of the three findings below before implementing treatment.

1. client presents with a state or county issued partner referral card, or
2. client provides name of sexual partner and public health nurse confidentially verifies diagnosis of named sexual partner in NC EDSS, county health department electronic medical record, or by calling the medical provider of named partner (index case), or
3. medical provider or Disease Intervention Specialist (DIS) refers client

Plan of Care

Precautions and Contraindications

Before implementing this Standing Order:

1. Review "Criteria for Notifying the Medical Provider" under Nursing Actions Part F. If client meets any of those criteria, immediately consult with an agency medical provider for orders on how to proceed.
2. If client reports a drug allergy for the medication provided in the standing order, inquire about and document the type of reaction(s) the client has experienced before consulting with medical provider

Implementation

A registered nurse employed or contracted by the local health department may administer or dispense treatment for Trichomoniasis by standing order to a verified contact (as defined above) or to a client when at least one objective finding is present as defined above and is documented in the medical record.

1. For female clients with objective finding(s) or female verified contacts:
 - Dispense Metronidazole 500mg orally, twice a day for seven (7) days*
**This regimen will treat concurrent Bacterial Vaginosis infection as well.*
2. For males with Trichomonas infection identified by NAAT, or male verified contacts:
 - Dispense Metronidazole 2grams orally in a single dose
3. For non-pregnant clients with treatment failure - defined as greater than two weeks without evidence of reinfection, with no sexual activity and client completed treatment within the last two weeks
 - Dispense Tinidazole 2 grams orally once a day for seven (7) days

Nursing Actions

A. Provide:

1. information about the physical examination findings and any diagnosis, both verbally and in written form.
2. review the ordered laboratory tests and instructions for obtaining laboratory test results.
3. client-centered STI education, both verbally and in written form.
4. condoms and literature about risk reduction behavior.
5. education about the relationship between the presence of one STI and increased risk of HIV acquisition

B. Advise the client to:

1. abstain from sexual intercourse with any new or unexposed partners until 7 days after client has completed medication regimen
2. abstain from sexual intercourse with current and/or exposed partners until 7 days after both the client and partner(s) have completed medication regimen
3. consistently and correctly use disease prevention barrier methods (e.g. condoms, dental dams).
4. notify sex partner(s) of need for assessment and treatment to prevent further spread of infection using a partner notification card or by sending an anonymous notification using NCSD website: TellYourPartner.org [NCSD \(ncsddc.org\)](http://NCSD(ncsddc.org))
5. use back-up contraception during treatment regimen and for seven days after completion of regimen for female clients who take oral contraceptives
6. clean and disinfect diaphragm after use per manufacturer instructions or agency protocol, if this is the client's method of birth control
7. clean and cover sex toys after use, if applicable, per manufacturer instructions or agency protocol
8. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months)

C. Counsel the client regarding the prescribed medication:

1. inquire about and document any type of reaction(s) the client has experienced in the past when taking the medication
2. advise client that they may experience side effects such as metallic taste, nausea, vomiting, cramps, or diarrhea
3. caution female clients not to get pregnant while taking Metronidazole or Tinidazole
4. review client history regarding **alcohol** usage and recommend
 - delaying the start of treatment with Metronidazole until at least 24 hours after last alcoholic beverage, or 72 hours for Tinidazole

- refraining from alcohol use during treatment with Metronidazole or Tinidazole, and
 - refraining from alcohol use for 24 hours after the last dose of Metronidazole or 72 hours after the last dose of Tinidazole
5. advise **breastfeeding** clients:
 - to discard breast milk while taking Tinidazole, and for 72 hours after completion of Tinidazole,
 - if client is taking Metronidazole 500mg orally twice a day for seven (7) days, client may continue to breastfeed WITHOUT discarding breast milk due to lower concentration of drug in breast milk.
 6. reinforce counseling by providing client with appropriate medication teaching information in writing

D. Additional Instructions for client

1. contact LHD for further instructions if symptoms persist, worsen, or reappear within 2 weeks after treatment.
2. contact LHD for further instructions if unable to tolerate the daily oral medication(s).
3. contact LHD immediately if client develops an oral temperature $\geq 101^{\circ}$ F.
4. sexually active females should return to clinic for rescreening in 3 months
5. pregnant women should notify their obstetric provider of their diagnosis and/or treatment

E. Criteria for Notifying the Medical Provider

1. consult with the medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy for the medication provided in the standing order
2. **DO NOT ADMINISTER or DISPENSE TREATMENT** and consult the medical provider if any of the following conditions are present:
 - client report of acute abdominal tenderness
 - rebound tenderness on exam
 - adnexal tenderness on exam
 - cervical motion tenderness on exam
 - sustained cervical bleeding on exam
 - ANY reported vaginal spotting/bleeding by pregnant client
 - scrotal pain or swelling
 - oral temperature $\geq 101^{\circ}$ F
 - symptoms persist greater than two weeks after completion of Tinidazole treatment regimen (for treatment failure).

Approved by: _____ Date approved: _____
 Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
 Director of Nursing/Nursing Supervisor

Effective Date: _____
 Expiration Date: _____

Legal Authority: Nursing Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)